Public Health Agency of Canada | Agence de la santé publique du Canada

Canadian Tuberculosis Reporting System

Reporting Form Completion Guidelines
Version 1.9

For use with:

Active Tuberculosis Case Report Form – New and Re-treatment Cases
Treatment Outcome of a New Active or Re-treatment Tuberculosis Case

Cases Reported to the Canadian Tuberculosis Reporting System

Confirmed case

- **Laboratory confirmed case**
  Cases with *Mycobacterium tuberculosis* complex demonstrated on culture, specifically *M. tuberculosis, M. africanum, M. canetti, M. caprae, M. microti, M. pinnipedii* or *M. bovis* (excluding *M. bovis* BCG strain).

- **Clinically confirmed case**
  In the absence of culture proof, cases clinically compatible with active tuberculosis that have, for example:
  i. chest x-ray changes compatible with active tuberculosis;
  ii. active nonrespiratory tuberculosis (meningeal, bone, kidney, peripheral lymph nodes etc.);
  iii. pathologic or post-mortem evidence of active tuberculosis;
  iv. favourable response to therapeutic trial of antituberculosis drugs.

New and re-treatment cases of tuberculosis

- **New case**
  No documented evidence or adequate history of previously active tuberculosis.

- **Re-treatment case**[1]
  a. Documented evidence or adequate history of previously active TB which was declared cured or treatment completed by current standards, and
  b. At least 6 months have passed since the last day of previous treatment,* and
  c. Diagnosed with a subsequent episode of TB which meets the active TB case definition.

OR

  a. Documented evidence or adequate history of previously active TB which cannot be declared cured or treatment completed by current standards, and
  b. Inactive† for 6 months or longer after the last day of previous treatment,* and
  c. Diagnosed with a subsequent episode of TB which meets the active TB case definition.

  * If less than 6 months have passed since the last day of previous treatment and the case was not previously reported in Canada, report as a re-treatment case. If less than 6 months have passed since the last day of previous treatment and the case was previously reported in Canada, do not report as a re-treatment case. Submit an additional "Treatment Outcome of New Active or Re-treatment Tuberculosis Case" form at the end of treatment.

  † Inactivity for a respiratory tuberculosis case is defined as 3 negative tuberculosis smears and cultures with a 3 month duration of stability in serial chest radiographs or a 6 month duration of stability in serial chest radiographs. Inactivity for a nonrespiratory tuberculosis case is to be documented bacteriologically, radiologically, and/or clinically as appropriate to the site of disease.

[1] Prior to 2008 in Canada, re-treatment cases were known as relapsed cases.

NOTE: Re-treatment cases are identified through the response to BOX 18 First episode of TB disease? on the Active Tuberculosis Case Report Form – New and Re-treatment. A response of *"No"* indicates a re-treatment case.

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Reporting of cases to the CTBRS

- Whether treatment was started or not, report all cases of tuberculosis diagnosed in Canada among the following groups:
    - Canadian citizens
    - Permanent residents
    - Refugees
    - Refugee claimants

- For temporary residents (visitors, students and people granted work permits) and those foreign nationals who are in Canada illegally, report only those cases for which treatment was started in Canada. The province/territory where treatment starts is to report the case.

Please send one copy of the notification form through your provincial/territorial TB program to:

Tuberculosis Prevention and Control
Community Acquired Infections Division
Centre for Communicable Diseases and Infection Control
Infectious Disease and Emergency Preparedness Branch
Public Health Agency of Canada
100 Eglantine Driveway, Health Canada Building
A.L. 0603B, Tunney's Pasture
Ottawa, ON K1A 0K9

Tel: (613) 941-0238
Fax: (613) 946-3902

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Active Tuberculosis Case Report Form – New and Re-treatment Cases

Section: Province/Territory/Patient ID

Please complete all fields as allowed within the privacy laws of the reporting province/territory.

BOX 1: Reporting province/territory.

The reporting province/territory is the province/territory of usual residence at the time of diagnosis. Enter the corresponding number code provided below.

PROVINCE/TERRITORY CODES

48 Alberta
59 British Columbia
46 Manitoba
13 New Brunswick
10 Newfoundland and Labrador
61 Northwest Territories
12 Nova Scotia
62 Nunavut
35 Ontario
11 Prince Edward Island
24 Quebec
47 Saskatchewan
60 Yukon

BOX 2: Register case number.

This number uniquely identifies the case. If your province/territory does not typically provide the number a suggested format for this field could be as follows: **ccyypp###** where **cc** is the century**, yy** is the year of diagnosis, **pp** is the provincial/territorial number and **###** is a three digit number with the first case being 001.

For example: The first case reported from PEI (provincial code 11) for the year 2008 would be: 201111001.

BOX 3: Unique identifier.

This number uniquely identifies the person.

BOX 4: Date of birth.

Indicate the year, month and day of birth for the patient (i.e., 1968/04/26). A complete date of birth is requested. If only the year of birth is known, enter 99 for month, 99 for day and the four digit year. If the entire date of birth is unknown enter 9999/99/99.

BOX 5: Sex.

Male or Female. Check the appropriate box for the self-identified sex of the patient at the time of diagnosis.

BOX 6: Usual residence.

This refers to the place of residence of the patient at the *time of diagnosis*. Indicate only the city, town or village. Also, if available, enter the county and health unit.

Postal code (X1X1X1). If not permitted to provide all six characters of the postal code, the first three are acceptable.

PLEASE NOTE: The item ***"LIVES ON FIRST NATION'S RESERVE MOST OF THE TIME?"*** **is to be answered for all individuals. If the person has lived on a reserve for more than 50% of the time (6 months or more) within the past 12 months preceding diagnosis the answer to the item would be "Yes".**

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Section: Origin

BOX 7: Canadian born?

If the person was born in Canada, and if he or she is of Aboriginal ancestry indicate to which Aboriginal group he or she belongs using the definitions provided below.

Option 1: Status Indian *(Registered)* - Status Indians are people registered with the federal government as Indian, according to the terms of the *Indian Act*. Status Indians are also known as Registered Indians.

Option 2: Métis - People of mixed Aboriginal and European ancestry who identify themselves as Métis and are distinct from First Nations people, Inuit or non-Aboriginal people.

Option 3: Inuit - An Aboriginal person in northern Canada, who lives primarily in Nunavut, Northwest Territories, northern Quebec or northern Labrador.

Option 4: Other Aboriginal (specify) - Refers to those persons, born in Canada, who report at least one Aboriginal origin not covered under Status Indian, Métis or Inuit groups (e.g., non-status Indian).

> **First Nations People:** Indian people in Canada, both "status" and "non-status".

OR

Option 5: Canadian-born non-Aboriginal Select if the patient was born in Canada and is not of Aboriginal origin.

If the person is a Canadian-born non-Aboriginal under the age of 15, please indicate:

- country of birth of mother.
- country of birth of father.

For country of birth of mother/country of birth of father, please enter the appropriate numeric code found in Appendix A.

OR

Option 6: Foreign-born - Please indicate foreign-born if the patient was born outside Canada. If the patient was born to military or diplomatic parents while stationed outside of Canada, for the purposes of reporting to the CTBRS, that individual is considered to be foreign-born. For country of birth, enter the appropriate numeric code found in Appendix A.

Year of arrival: For all foreign-born cases enter the year of arrival in Canada:

- For temporary residents the year of arrival in Canada is the year of the most recent arrival; that is, for individuals who visit Canada frequently, then the arrival year of their most recent visit is the value that should be recorded.

- For permanent residents, the year of arrival is the year he/she became a landed immigrant.

If the year of arrival is unknown, please enter 9999.

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Immigration status at time of diagnosis: Immigration status at time of diagnosis is necessary to assess the effectiveness of the immigration TB screening program and to determine rates of disease within specific subgroups of the population.

Refugee - A person who is afraid to return to their home country because they may be harmed.

Refugee claimants - Refugee claimants are **temporary residents** in the *humanitarian population* category who request refugee protection upon or after arrival in Canada.

A Convention Refugee - A person who is living outside their home country or the country where they normally live, and who cannot return because of a well-founded fear of persecution based on race, religion, political opinion, nationality, or membership in a particular social group.

Temporary residents -Temporary residents are in Canada legally and are, on a temporary basis, under the authority of a temporary resident permit. Temporary residents include foreign workers, foreign students, the humanitarian population and *other* temporary residents.

Section: Diagnosis

BOX 8: Provincial/territorial case date

Record the date that is used by your province/territory to determine the year in which the case will be reported.

Diagnosis: The diagnosis codes are based on the International Classification of Diseases (ICD-CA) version 9 or 10, depending on which coding structure your province/territory is using.

- Record all appropriate ICD-CA code(s). See Appendix B.
- If the patient's TB is known to have affected multiple sites then report all of the sites separately using the ICD-codes.
- For the purposes of reporting, miliary TB also includes disseminated TB.

BOX 9: Chest x-ray.

Record results obtained within one month before or after the start of treatment. Indicate normal, abnormal, not done or unknown.

- If the x-ray is reported as abnormal, indicate whether it is cavitary or non-cavitary. Please do not report results from CT scan. If chest x-ray is normal and a subsequent CT scan shows cavities, this case is still to be reported as normal. The result is what is identified on the chest x-ray only

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Section: Bacterial Status

BOXES 10: Microscopy.

For each type of specimen submitted for analysis, report the results of microscopy laboratory tests. If several examinations have been done, check positive if any one is positive.

- If initial specimens of a certain type are negative and later ones are positive, report the specimens of that type as Positive.
- Check Negative if the results of all examinations (or the only examination) were negative.
- Check Not done if test is known not to have been done.
- Check Unknown if it is not known if the test was performed, or if the results are not known for a reason other than pending results (e.g., result was lost or specimen contaminated), and no other specimens can be obtained.

BOXES 11: Culture.

For each type of specimen submitted for analysis, report the culture results. If several examinations have been done, check positive if any one is positive.

- If initial specimens of a certain type are negative and later ones are positive, report the specimens of that type as Positive.
- Check Negative if the results of all examinations (or the only examination) were negative.
- Check Not done if test is known not to have been done.
- Check Unknown if it is not known if the test was performed, or if the results are not known for a reason other than pending results (e.g., result was lost or specimen contaminated), and no other specimens can be obtained.

BOX 12: Case criteria.

Indicate whether the diagnosis was a clinical diagnosis only, or whether it was confirmed through culture.

NOTE: In the event that diagnosis was confirmed with a positive culture, there should be an entry in BOX 11 indicating a positive culture.

NOTE: Use of DNA amplification or PCR technology, rather than culture, to confirm a case is not standard practice and therefore unless culture is performed, indicate clinical diagnosis.

BOX 13: If initial positive culture – Antibiotic resistance?

For all positive culture cases for each drug listed indicate whether the sensitivity results were Susceptible, Resistant or Unknown. If the drug was not tested please check Not done.

If the test result is borderline resistant or sensitive, the isolate should be sent to another lab for repeat testing or sent to National Reference Centre for Mycobacteriology for genotyping of molecular targets.

Codes of drugs

EMB – Ethambutol	INH – Isoniazid
PZA – Pyrazinamide	RMP – Rifampin

Before submitting a notification, please wait until the results of the microscopy and/or cultures are available.

BOX 14: **Genotyping results.**

If unavailable at the time of the reporting deadline (June 30) forward the form and submit an update when results become available.

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Section: Treatment Details

BOX 15: **Date treatment started.**
Indicate the date the treatment started in the order year, month and day (yyyy/mm/dd).

BOX 16: **Initial drugs prescribed (*check all that apply).***
List all of the initial drugs prescribed.

BOX 17: Death before or during treatment?
Indicate if death occurred before or during treatment.

- If patient died, provide the date of death in the format yyyy/mm/dd.
- If patient died indicate one of the three following causes of death:
  - TB was the cause of death.
  - TB contributed to death but was not the underlying cause.
  - TB did not contribute to death.

Section: TB History/Case Finding/Risk Factors/Markers

BOX 18: First episode of TB disease?
Indicate ***"No"*** only if the individual has had a previous episode of **TB disease**. If the individual has had a previous diagnosis of latent TB infection (LTBI), indicate, ***"Yes"***.

- If the patient has had a previous episode of TB, indicate the year of the previous diagnosis. If the case represents a third or fourth episode, indicate the year of the most recent episode.
- If the patient has had a previous episode of TB, indicate the country in which the previous diagnosis occurred.
- If the patient has had a previous episode of TB, indicate whether the previous treatment cured the patient or was at least completed by marking Yes, No or Unknown. (see page 11 for a definition).
- If the previous treatment outcome was cured or treatment completed indicate end date of previous treatment.
- If the patient received previous treatment, indicate all drugs prescribed. If unknown, check Unknown.

BOX 19: Case finding.
Report the case finding (method of detection) which resulted in the diagnosis of tuberculosis. Only one item per case should be filled in. If the method is not on the list, check "Other (specify)" and specify the method. Post-mortem includes detection by review of a death certificate or at post-mortem examination.

BOX 20: Risk factors/Markers.
The collection of risk factor information is important to determine the relative contribution of each risk factor/marker to the total number of cases. In turn, this information will help guide the development of prevention and control strategies.

All patients with newly diagnosed TB should be strongly encouraged to undergo HIV serologic testing (see *Canadian Tuberculosis Standards*, 6th edition, Appendix G for rationale). These data are also needed to determine accurately, the trends in the rate of TB/ HIV co-infection.

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HIV status:

Status can be self-reported test result if documentation is not easily accessible.

Indicate whether the HIV test was Positive or Negative:

- If Positive, indicate year of 1st positive test.
- If Negative, indicate year of last negative test.

If HIV status is unknown, choose one of the three options:

- Test refused
- Test not offered
- Unknown

For each of the remaining markers listed indicate Yes, No or Unknown. Definitions for some risk factors are provided below.

NOTE: If the reporting province/territory has an alternate definition for the risk factors, it is appropriate to continue using the provincial/territorial definition.

End-stage renal disease: End-stage kidney disease (also called end-stage renal disease (ESRD)) is defined as a complete or near complete failure of the kidneys to function to excrete wastes, concentrate urine, and regulate electrolytes.

Homeless: Lacks a fixed, regular and adequate night-time residence and has a night-time residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations;
- An institution that provides a temporary residence for individuals intended to be institutionalized;
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. (This does not include prisoners. It is interpreted to include only those persons who are literally homeless, i.e. on the streets or in shelters and persons who face imminent eviction, within a week, from a private dwelling or institution and who have no subsequent residence or resources to obtain housing http://www.nationalhomeless.org/publications/facts/Whois.pdf.)

Previous abnormal chest x-ray: To indicate yes, there has to be evidence on the x-ray of fibronodular disease.

Substance abuse (known or suspected): The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) issued by the American Psychiatric Association defines substance abuse as:

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; neglect of children or household);
- Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use);
- Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct); and/or
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

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Travel to high incidence TB country in last 2 years: Indicate if the patient has traveled to any of countries listed in Appendix C, within the last 2 years. (NOTE: This list will be updated on an annual basis).

- If the patient has traveled to any of the countries listed, indicate the total length of stay, in the countries in weeks.

Example 1: Mr. Smith travels to Panama for 6 days and then on to Colombia for another 15 days. Both countries are on the list therefore his total length of stay in high incidence countries would be 3 weeks.

Example 2: Mrs. Jones travels to London (a country not indicated on the list) for 7 days, and then goes to Romania for 7 days. Her total length of stay in high incidence countries would be 1 week.

Other risk factors: Includes: (based on *Canadian Tuberculosis Standards, 6th edition*)

- Abnormal chest x-ray - granuloma
- Carcinoma of the head and neck
- Cigarette smoker (≥1 pack/day)
- Congenital or acquired immunodeficiency disorders
  - The attending physician will determine if the condition should be considered a risk factor for TB.
- T-cell lymphoma
- Recent TB infection (≤ 2 years)
  - As confirmed with Tuberculin skin testing (TST) or Interferon gamma release assays (IGRA)
- Silicosis
- Tumour necrosis factor (TNF)-alpha inhibitor
- Underweight (in most people defined as BMI ≤ 20)
- Young age when infected (< 5 years)

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Treatment Outcome of a New Active or Re-treatment Tuberculosis Case

This form is to be completed twelve months after the date of diagnosis by the province/territory that initially reported the case. Please complete this form even if treatment is still in progress after twelve months. Report the status at twelve-month intervals until the case is closed.

Jurisdictional Responsibility:

If a TB patient for whom a case report exists moves from one reporting area to another (e.g. from province/territory A to province/territory B), the responsibility for submitting the outcome remains with the province that initially reported the case (e.g. province/territory A). This responsibility remains with the initial area for surveillance purposes only, in order to minimize duplication of case reports and to simplify the reporting of the final outcome of the case. In other words, province B will be managing and following the patient but will need to share follow-up surveillance information with province A. Province A will officially submit follow-up information to the Public Health Agency.

Completion of Form:

Please complete all fields as allowed within the privacy laws of your reporting province/territory.

BOX 1: Reporting province/territory.
The province/territory that originally reported the case should report the outcome.

BOX 2: Register case number.
For each individual case, please ensure that the register case number on the outcome form matches the register case number on the new and re-treatment case form.

BOX 3: Unique identifier.
This number uniquely identifies the person. The unique identifier on the outcome form must match the unique identifier on the case form.

BOX 4: Date of birth.
Indicate the year, month and day of birth for the patient (i.e.1968/04/26). A complete date of birth is requested. If only the year of birth is known, enter 99 for month, 99 for day and the four digit year. If the entire date of birth is unknown enter 9999/99/99.

BOX 5: Sex.
Male or Female. Check the appropriate box for the self-identified sex of the patient at the time of diagnosis.

BOX 6: Province/territory of treatment.
If transfer from diagnosing province/territory, please state the treating province/territory. If diagnosing province/ territory unknown, please indicate.

BOX 7: Register case number.
If different from the number reported in BOX 2.

BOX 8: Unique identifier.
If different from that reported in BOX 3.

BOX 9: Provincial/territorial case date
Record the date used by your province/territory to determine the year in which the case will be reported. It must be the same date as appeared on the initial case report form.

BOX 10: Date treatment started.
Indicate the first day the patient received treatment.

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BOX 11: Last day of treatment.

Indicate the last day the patient received treatment for the current episode.
Date treatment started and last day of treatment is meant to include the entire period (including interruptions in therapy) during which the patient was receiving medication to treat TB disease.

BOX 12: Did resistance develop during treatment?

If resistant did develop, indicate all drugs to which the individual showed resistance.
If the test result is borderline resistant or sensitive, the isolate should be sent to another lab for repeat testing or sent to National Reference Centre for Mycobacteriology for genotyping of molecular targets.

BOX 13: What was the treatment outcome?

Please check the appropriate box.

Cure: Culture-negative at the completion of treatment.

For MDR-TB (resistance to at least isoniazid and rifampin) the patient has been consistently culture-negative (with at least five results) for the final 12 months of treatment. If there was only one positive culture with no clinical evidence of deterioration, a patient may be considered cured provided that the positive culture is followed by at least three consecutive negative cultures taken at least 30 days apart.

Treatment completed: Completed treatment but does not meet the criteria for cure or failure.

Death before or during treatment: Death before treatment or during the course of treatment:

- If patient died, provide the date of death in the format yyyy/mm/dd.
- If patient died indicate one of the three following causes of death:
  - TB was the cause of death.
  - TB contributed to death but was not the underlying cause.
  - TB did not contribute to death.

Transfer: a patient who has transferred out of country and the outcome of treatment is not easily obtained.

***Treatment failure (active TB*)**: Positive sputum cultures after 4 or more months of treatment or 2 positive sputum cultures in different months during the last 3 months of treatment, even if the final culture is negative and no further treatment is planned.

For MDR-TB (resistance to at least isoniazid and rifampin), treatment is considered to have failed if: 2 or more of 5 cultures recorded in the final 12 months are positive; or any one of the final 3 cultures is positive; or if a clinical decision has been made to terminate treatment early due to poor response or adverse events.

Treatment discontinued due to adverse event: This includes adverse drug reaction, sensitivity to drugs, or any other case where the patient was unable to tolerate the prescribed medication.

Absconded: Lost to follow-up before completion of 80% of recommended doses.

Other: Please specify the outcome in the space provided.

BOX 14: Treatment regimen (for drugs taken ≥ 1 month).

Please check the appropriate box(es).
This information is needed even though Initial Drugs Prescribed appears on the Active Tuberculosis Case Report Form to document the actual regimen used.

BOX 15: Major mode of treatment.

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Please check the appropriate box. If 'Other', please specify in the space provided. If the mode of treatment was Directly Observed Treatment (DOT) indicate DOT on the form. If available, please indicate whether it was Modified DOT, Standard DOT or Enhanced DOT.

DOT (Directly observed therapy): Therapy where the patient is observed swallowing each dose of medication.

- Modified DOT refers to DOT for only part of the treatment period, typically during the initial phase, followed by self-administered therapy during the continuation phase.
- Standard DOT refers to DOT throughout the initial phase and the continuation phase.
- Enhanced DOT refers to DOT throughout both phases but also includes incentives and enablers.

BOX 16: Adherence estimate.

Please check the appropriate box indicating the extent of the patient's adherence to treatment based on the percentage of prescribed medication actually received.

In the event that the patient died during treatment, the adherence estimate will be the proportion of the amount of medication taken over the amount prescribed up to the time of death.

EXAMPLE 1: Patient on TB meds. Patient dies 2 months after treatment started. Prescribed treatment would have taken 6 months to complete. Before the patient died she took all meds that were given. Adherence estimate would be recorded as 100%

EXAMPLE 2: Patient prescribed TB meds. Patient dies 2 months after treatment started. However patient only took 1/3 of all drugs that were given and refused to take the rest. Adherence estimate would be recorded as <50%.

BOX 17. Contact investigation results:

NOTE: The collection of the contact investigation data will only begin in 2012

Report only for contacts of infectious (smear positive, and either nucleic acid amplification test (NAAT) positive or culture positive) cases. As defined in the *Canadian Tuberculosis Standard*, 6th edition, infectious indicates that the patient can transmit infection to other by virtue of the production of infectious aerosols. Those with sputum smear-positive cavitary and laryngeal disease are the most infectious.

Contact: a person identified as having come in contact with a case of active disease. The degree of contact is usually further defined on the basis of closeness. Contacts may be classified as close, casual, or community.

Please indicate:

The number of contacts identified

The number of contacts that were:

Close,
Casual
Community

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CLOSE CONTACTS *includes:*

- *Close household contacts* are those who live in the same household as the infectious case. Household contacts are considered by definition to share breathing space on a daily basis with the source case.

- *Close non-household contacts* are those who have regular, prolonged contact with the source case and share breathing space daily but do not live in the same household. These include regular sexual partners and close friends.

CASUAL CONTACTS are those who spend time less frequently with the infectious case. These may include classmates, colleagues at work or members of a club or team.

COMMUNITY CONTACTS are those living in the same community or attending the same school or workplace.

1) Total number of contacts identified

2) The number of contacts evaluated

For more details please see:

a) **Canadian Tuberculosis Standards, edition 6, Chapter 12 page 259-260**
http://www.phac-aspc.gc.ca/tbpc-latb/pubs/pdf/tbstand07_e.pdf

b) **Recommendations on Interferon Gamma Release Assays for the Diagnosis of Latent Tuberculosis Infection - 2010 Update**
http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/10vol36/acs-5/index-eng.php

Evaluation, as set out in the Canadian Tuberculosis Standards, has determined:

- Type and intensity of contact
- Risk of progression if infected
- TST for contacts where active disease ruled out
- Presence of symptoms
- History of any previous treatment for TB or LTBI

ALSO:

- If active disease is not present, contact should have received a TST.
- For contacts of HIV-TB co-infected patients HIV counselling and testing should have been offered.
- If initial skin test was done < 8 weeks of last exposure to infectious case and is negative, a second skin test should be carried at least 8 weeks after contact was broken.

3) The number of active TB cases found among the contacts.
4) The number of contacts diagnosed with LTBI.
5) The number of contacts beginning treatment.
6) The number of contacts completing treatment.

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APPENDIX A

Country Codes and the STOP-TB Partnership / WHO TB Epidemiological Regions

Country	Code	Region
Afghanistan	4	Eastern Mediterranean
Albania	8	Established Market Economies & Central Europe
Algeria	12	Africa, Low HIV Prevalence
American Samoa	16	Western Pacific Region
Andorra	20	Established Market Economies & Central Europe
Angola	24	Africa, Low HIV Prevalence
Antigua and Barbuda	28	American Region - Latin American and Caribbean Countries
Azerbaijan	31	Eastern Europe
Argentina	32	American Region - Latin American and Caribbean Countries
Australia	36	Established Market Economies & Central Europe
Austria	40	Established Market Economies & Central Europe
Bahamas	44	American Region - Latin American and Caribbean Countries
Bahrain	48	Eastern Mediterranean
Bangladesh	50	South-East Asia
Armenia	51	Eastern Europe
Barbados	52	American Region - Latin American and Caribbean Countries
Belgium	56	Established Market Economies & Central Europe
Bermuda	60	American Region - Latin American and Caribbean Countries
Bhutan	64	South-East Asia
Bolivia	68	American Region - Latin American and Caribbean Countries
Bosnia and Herzegovina	70	Established Market Economies & Central Europe
Botswana	72	Africa, High HIV Prevalence
Brazil	76	American Region - Latin American and Caribbean Countries
Belize	84	American Region - Latin American and Caribbean Countries
Solomon Islands	90	Western Pacific Region
British Virgin Islands	92	American Region - Latin American and Caribbean Countries
Brunei Darussalam	96	Western Pacific Region
Bulgaria	100	Eastern Europe
Myanmar	104	South-East Asia
Burundi	108	Africa, High HIV Prevalence
Belarus	112	Eastern Europe
Cambodia	116	Western Pacific Region
Cameroon	120	Africa, High HIV Prevalence
Canada	124	Established Market Economies & Central Europe

Country	Code	Region
Cape Verde	132	
Cayman Islands	136	American Region - Latin American and Caribbean Countries
Central African Republic	140	Africa, High HIV Prevalence
Sri Lanka	144	South-East Asia
Chad	148	Africa, Low HIV Prevalence
Chile	152	American Region - Latin American and Caribbean Countries
China	156	Western Pacific Region
Colombia	170	American Region - Latin American and Caribbean Countries
Comoros	174	Africa, Low HIV Prevalence
Mayotte	175	
Congo	178	Africa, High HIV Prevalence
Democratic Republic of the Congo	180	Africa, High HIV Prevalence
Cook Islands	184	Western Pacific Region
Costa Rica	188	American Region - Latin American and Caribbean Countries
Croatia	191	Established Market Economies & Central Europe
Cuba	192	American Region - Latin American and Caribbean Countries
Cyprus	196	Eastern Mediterranean
Czech Republic	203	Established Market Economies & Central Europe
Benin	204	Africa, Low HIV Prevalence
Denmark	208	Established Market Economies & Central Europe
Dominica	212	American Region - Latin American and Caribbean Countries
Dominican Republic	214	American Region - Latin American and Caribbean Countries
Ecuador	218	American Region - Latin American and Caribbean Countries
El Salvador	222	American Region - Latin American and Caribbean Countries
Equatorial Guinea	226	Africa, Low HIV Prevalence
Ethiopia	231	Africa, High HIV Prevalence
Eritrea	232	Africa, Low HIV Prevalence
Estonia	233	Eastern Europe
Falkland Islands (Malvinas)	238	American Region - Latin American and Caribbean Countries
Fiji	242	Western Pacific Region
Finland	246	Established Market Economies & Central Europe
Åland Islands	248	
France	250	Established Market Economies & Central Europe

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Country Codes and the STOP-TB Partnership / WHO TB Epidemiological Regions *(continued)*

Country	Code	Region
French Guiana	254	American Region - Latin American and Caribbean Countries
French Polynesia	258	Western Pacific Region
Djibouti	262	Eastern Mediterranean
Gabon	266	Africa, High HIV Prevalence
Georgia	268	Eastern Europe
Gambia	270	Africa, Low HIV Prevalence
Occupied Palestinian Territory	275	
Germany	276	Established Market Economies & Central Europe
Ghana	288	Africa, Low HIV Prevalence
Gibraltar	292	Eastern Europe
Kiribati	296	Western Pacific Region
Greece	300	Established Market Economies & Central Europe
Greenland	304	
Grenada	308	American Region - Latin American and Caribbean Countries
Guadeloupe	312	American Region - Latin American and Caribbean Countries
Guam	316	Western Pacific Region
Guatemala	320	American Region - Latin American and Caribbean Countries
Guinea	324	Africa, Low HIV Prevalence
Guyana	328	American Region - Latin American and Caribbean Countries
Haiti	332	American Region - Latin American and Caribbean Countries
Holy See	336	
Honduras	340	American Region - Latin American and Caribbean Countries
Hong Kong Special Administrative Region of China	344	Western Pacific Region
Hungary	348	Established Market Economies & Central Europe
Iceland	352	Established Market Economies & Central Europe
India	356	South-East Asia
Indonesia	360	South-East Asia
Iran, Islamic Republic of	364	Eastern Mediterranean
Iraq	368	Eastern Mediterranean
Ireland	372	Established Market Economies & Central Europe
Israel	376	Established Market Economies & Central Europe
Italy	380	Established Market Economies & Central Europe
Côte d'Ivoire	384	Africa, High HIV Prevalence
Jamaica	388	American Region - Latin American and Caribbean Countries
Japan	392	Established Market Economies & Central Europe
Kazakhstan	398	Eastern Europe
Jordan	400	Eastern Mediterranean
Kenya	404	Africa, High HIV Prevalence
Democratic People's Republic of Korea	408	South-East Asia
Republic of Korea	410	Western Pacific Region
Kuwait	414	Eastern Mediterranean
Kyrgyzstan	417	Eastern Europe
Lao People's Democratic Republic	418	Western Pacific Region
Lebanon	422	Eastern Mediterranean
Lesotho	426	Africa, High HIV Prevalence
Latvia	428	Eastern Europe
Liberia	430	Africa, Low HIV Prevalence
Libyan Arab Jamahiriya	434	Eastern Mediterranean
Liechtenstein	438	Eastern Europe
Lithuania	440	Eastern Europe
Luxembourg	442	Established Market Economies & Central Europe
Macao Special Administrative Region of China	446	Western Pacific Region
Madagascar	450	Africa, Low HIV Prevalence
Malawi	454	Africa, High HIV Prevalence
Malaysia	458	Western Pacific Region
Maldives	462	South-East Asia
Mali	466	Africa, Low HIV Prevalence
Malta	470	Established Market Economies & Central Europe
Martinique	474	American Region - Latin American and Caribbean Countries
Mauritania	478	Africa, Low HIV Prevalence
Mauritius	480	Africa, Low HIV Prevalence
Mexico	484	American Region - Latin American and Caribbean Countries
Monaco	492	Established Market Economies & Central Europe
Mongolia	496	Western Pacific Region
Republic of Moldova	498	Eastern Europe
Montenegro	499	Established Market Economies & Central Europe

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Country Codes and the STOP-TB Partnership / WHO TB Epidemiological Regions *(continued)*

Country	Code	Region
Montserrat	500	American Region - Latin American and Caribbean Countries
Morocco	504	Eastern Mediterranean
Oman	512	Eastern Mediterranean
Namibia	516	Africa, High HIV Prevalence
Nauru	520	Western Pacific Region
Nepal	524	South-East Asia
Netherlands	528	Established Market Economies & Central Europe
Netherlands Antilles	530	American Region - Latin American and Caribbean Countries
Aruba	533	American Region - Latin American and Caribbean Countries
New Caledonia	540	Western Pacific Region
Vanuatu	548	Western Pacific Region
New Zealand	554	Established Market Economies & Central Europe
Nicaragua	558	American Region - Latin American and Caribbean Countries
Niger	562	Africa, Low HIV Prevalence
Nigeria	566	Africa, High HIV Prevalence
Niue	570	Western Pacific Region
Norfolk Island	574	Western Pacific Region
Norway	578	Established Market Economies & Central Europe
Northern Mariana Islands	580	Western Pacific Region
Micronesia, Federated States of	583	Western Pacific Region
Marshall Islands	584	Western Pacific Region
Palau	585	Western Pacific Region
Pakistan	586	Eastern Mediterranean
Panama	591	American Region - Latin American and Caribbean Countries
Papua New Guinea	598	Western Pacific Region
Paraguay	600	American Region - Latin American and Caribbean Countries
Peru	604	American Region - Latin American and Caribbean Countries
Philippines	608	Western Pacific Region
Pitcairn	612	
Poland	616	Established Market Economies & Central Europe
Portugal	620	Established Market Economies & Central Europe
Guinea-Bissau	624	Africa, Low HIV Prevalence
Timor-Leste	626	South-East Asia
Puerto Rico	630	American Region - Latin American and Caribbean Countries
Qatar	634	Eastern Mediterranean
Réunion	638	
Romania	642	Eastern Europe
Russian Federation	643	Eastern Europe
Rwanda	646	Africa, High HIV Prevalence
Saint Helena	654	
Saint Kitts and Nevis	659	American Region - Latin American and Caribbean Countries
Anguilla	660	American Region - Latin American and Caribbean Countries
Saint Lucia	662	American Region - Latin American and Caribbean Countries
Saint Pierre and Miquelon	666	
Saint Vincent and the Grenadines	670	American Region - Latin American and Caribbean Countries
San Marino	674	Established Market Economies & Central Europe
Sao Tome and Principe	678	Africa, Low HIV Prevalence
Saudi Arabia	682	Eastern Mediterranean
Senegal	686	Africa, Low HIV Prevalence
Serbia	688	Established Market Economies & Central Europe
Seychelles	690	Africa, Low HIV Prevalence
Sierra Leone	694	Africa, Low HIV Prevalence
Singapore	702	Established Market Economies & Central Europe
Slovakia	703	Established Market Economies & Central Europe
Viet Nam	704	Western Pacific Region
Slovenia	705	Established Market Economies & Central Europe
Somalia	706	Eastern Mediterranean
South Africa	710	Africa, High HIV Prevalence
Zimbabwe	716	Africa, High HIV Prevalence
Spain	724	Established Market Economies & Central Europe
Western Sahara	732	Eastern Mediterranean
Sudan	736	Eastern Mediterranean
Suriname	740	American Region - Latin American and Caribbean Countries
Svalbard and Jan Mayen Islands	744	
Swaziland	748	Africa, High HIV Prevalence
Sweden	752	Established Market Economies & Central Europe
Switzerland	756	Established Market Economies & Central Europe

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Country Codes and the STOP-TB Partnership / WHO TB Epidemiological Regions *(continued)*

Country	Code	Region
Syrian Arab Republic	760	Eastern Mediterranean
Tajikistan	762	Eastern Europe
Thailand	764	South-East Asia
Togo	768	Africa, Low HIV Prevalence
Tokelau	772	Western Pacific Region
Tonga	776	Western Pacific Region
Trinidad and Tobago	780	American Region - Latin American and Caribbean Countries
United Arab Emirates	784	Eastern Mediterranean
Tunisia	788	Eastern Mediterranean
Turkey	792	Eastern Europe
Turkmenistan	795	Eastern Europe
Turks and Caicos Islands	796	American Region - Latin American and Caribbean Countries
Tuvalu	798	Western Pacific Region
Uganda	800	Africa, High HIV Prevalence
Ukraine	804	Eastern Europe
The former Yugoslav Republic of Macedonia	807	Eastern Europe
Egypt	818	Eastern Mediterranean
United Kingdom of Great Britain and Northern Ireland	826	Established Market Economies & Central Europe
Channel Islands	830	
Guernsey	831	
Jersey	832	
Isle of Man	833	
United Republic of Tanzania	834	Africa, High HIV Prevalence
United States of America	840	Established Market Economies & Central Europe
United States Virgin Islands	850	American Region - Latin American and Caribbean Countries
Burkina Faso	854	Africa, Low HIV Prevalence
Uruguay	858	American Region - Latin American and Caribbean Countries
Uzbekistan	860	Eastern Europe
Venezuela (Bolivarian Republic of)	862	American Region - Latin American and Caribbean Countries
Wallis and Futuna Islands	876	Western Pacific Region
Samoa	882	Western Pacific Region
Yemen	887	Eastern Mediterranean
Zambia	894	Africa, High HIV Prevalence

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APPENDIX B:

Code Table Listing by ICD-9 Code for DIAGNOSIS

010 Primary Tuberculosis

010.0 Primary tuberculous complex

010.1 Tuberculous pleurisy in primary progressive tuberculosis

This disease state is characterized by pleuritis and pleural effusion, usually in an adolescent or young adult, but possibly in any age group, due to recent (within the preceding 24 months) infection with *Mycobacterium tuberculosis* complex. If another site of tuberculosis disease such as CNS or disseminated/miliary disease is believed to have occurred as a consequence of recent infection (within the preceding 24 months), it ought to be referred to as CNS or miliary tuberculosis.

010.8 Other primary progressive tuberculosis (excl. tuberculous erythema nodosum {017.1})

This is usually, but not always, in a child, and is due to infection within the preceding 24 months with *Mycobacterium tuberculosis* complex. It includes pulmonary (lung parenchyma) tuberculosis, as well as tuberculosis of the intrathoracic lymph nodes, larynx, trachea, bronchus, or nasopharyngeal sinuses.

010.9 Unspecified

011 Pulmonary Tuberculosis (with associated silicosis use code 502)

011.0 Tuberculosis of lung, infiltrative
011.1 Tuberculosis of lung, nodular
011.2 Tuberculosis of lung with cavitation
011.3 Tuberculosis of bronchus (excl. isolated bronchial TB {012.2})
011.4 Tuberculous fibrosis of lung
011.5 Tuberculous bronchiectasis
011.6 Tuberculous pneumonia (any form)
011.7 Tuberculous pneumothorax
011.8 Other pulmonary tuberculosis
011.9 Unspecified (respiratory tuberculosis NOS, tuberculosis of lung NOS)

012 Other Respiratory Tuberculosis (excl. respiratory tuberculosis, unspecified {011.9})

012.0 Tuberculous pleurisy
012.1 Tuberculosis of intrathoracic lymph nodes
012.2 Isolated tracheal or bronchial tuberculosis
012.3 Tuberculous laryngitis
012.8 Other (incl. tuberculosis of: mediastinum, nasopharynx, nose (septum), sinus (any nasal)

013 Tuberculosis of Meninges and Central Nervous System

013.0 Tuberculous meningitis (320.4) (excl. tuberculoma of meninges {013.1})
013.1 Tuberculoma of meninges (349.2)
013.8 Other (tuberculoma/tuberculosis of brain {348.8}, tuberculous abscess of brain {324.0}, tuberculous myelitis {323.4})
013.9 Unspecified (tuberculosis of central nervous system NOS)

014 Tuberculosis of Intestines, Peritoneum and Mesenteric Glands

014.0 Tuberculous peritonitis
Tuberculous ascites
014.8 Other Tuberculosis (of): anus, intestine (large) (small), mesenteric glands, rectum retroperitoneal (lymph nodes) Tuberculous enteritis

015 Tuberculosis of Bones and Joints

Incl. tuberculous: arthritis (711.4), necrosis of bone (730.-), osteitis (730.-), osteomyelitis (730.-), synovitis (727.0), tenosynovitis (727.0).

015.0 Vertebral column

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Pott's: curvature (737.4), disease (730.4)
Tuberculous: kyphosis (737.4), spondylitis (720.8)

015.1 Hip
015.2 Knee
015.5 Limb bones
015.6 Mastoid
015.7 Other specified bone
015.8 Other specified joint
015.9 Unspecified

016 Tuberculosis of Genitourinary System

016.0 Kidney (tuberculous pyelitis {590.8}, tuberculous pyelonephritis {590.8})
016.1 Other urinary organs (tuberculosis of bladder {595.4}, tuberculosis of ureter {593.8})
016.2 Epididymis (604.9)
016.3 Other male genital organs (tuberculosis of: prostate {601.4}, seminal vesicle {608.8}, testis {608.8})
016.4 Female genital organs (tuberculous: oophoritis {614.2}, salpingitis {614.2})
016.9 Unspecified

017 Tuberculosis of Other Organs

017.0 Skin and subcutaneous cellular tissue
Lupus: NOS, exedens, vulgaris, scrofuloderma
(excl. lupus erythrematosus {695.4}, disseminated {710.0})
Tuberculosis: colliquativa, cutis, lichenoides, papulonecrotica, verrucosa cutis
017.1 Erythema nodosum with hpersensitivity reaction in tuberculosis
Bazin's disease, Tuberculosis indurativa
Erythema: induratum, nodosum (tuberculous)
Excl. erythema nodosum NOS (695.2)
017.2 Peripheral lymph nodes (scrofula, scrofulous abscess, tuberculous adenitis)
017.3 Eye
Tuberculous: chorioretinitis, disseminated (363.1), episcleritis (379.0), interstitial keratitis (370.5), iridocyclitis (chronic) (364.1), keratoconjunctivitis (phlyctenular) (370.3)
017.4 Ear
Tuberculosis of ear (382.3), otitis media (382.3) (excl. Tuberculous mastoiditis {015.7})
017.5 Thyroid gland
017.6 Adrenal glands (255.4), Addison's disease (tuberculous)
017.7 Spleen
017.8 Other
Tuberculosis of: endocardium [any valve] (424.-), oesophagus (530.1), myocardium (422.0), pericardium (420.0)

018 Miliary Tuberculosis

Incl.: tuberculosis: disseminated, generalized, miliary (whether of a single specified site, multiple sites or unspecified site), polyserositis
018.0 Acute
018.8 Other
018.9 Unspecified

137 Late Effects of Tuberculosis

137.0 Late effects of respiratory or unspecified tuberculosis
137.1 Late effects of central nervous system tuberculosis
137.2 Late effects of genitourinary tuberculosis
137.3 Late effects of tuberculosis of bones and joints
137.4 Late effects of tuberculosis of other specified organs

502 Pneumoconiosis due to other silica or silicates (see Pulmonary Tuberculosis {011})

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Pneumoconiosis due to talc
Silicotic fibrosis (massive) of lung
Silicosis (simple) (complicated)

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Code Table Listing by ICD-10 Code for DIAGNOSIS

Source: ICD-10 CA/CCI Tabular List - CIHI, 2003

A15 Respiratory tuberculosis, bacteriologically and histologically confirmed
Includes: infections due to Mycobacterium tuberculosis and Mycobacterium bovis
Excludes: congenital tuberculosis (P37.0)
pneumoconiosis associated with tuberculosis (J65)
sequelae of tuberculosis (B90-)
silicotuberculosis (J65)

A15.0 Tuberculous of lung, confirmed by sputum microscopy with or without culture
Includes:
Tuberculous:
bronchiectasis
fibrosis of lung
pneumonia
pneumothorax

A15.1 Tuberculosis of lung, confirmed by culture only
Includes: Conditions listed in A15.0, confirmed by culture only

A15.2 Tuberculosis of lung, confirmed histologically
Includes: Conditions listed in A15.0, confirmed histologically

A15.3 Tuberculosis of lung, confirmed by unspecified means
Includes: Conditions listed in A15.0, confirmed but unspecified whether bacteriologically or histologically

A15.4 Tuberculosis of intrathoracic lymph nodes, confirmed bacteriologically and histologically
Includes:
Tuberculosis of lymph nodes:
hilar
mediastinal
tracheobronchial
Excludes: specified as primary (A15.7)

A15.5 Tuberculosis of larynx, trachea and bronchus confirmed bacteriologically and histologically
Includes:
Tuberculosis of:
bronchus
glottis
larynx
trachea

A15.6 Tuberculosis pleurisy (pleura, empyema) confirmed bacteriologically and histologically
Excludes*:* Primary respiratory tuberculosis (A15.7)

A15.7 Primary respiratory tuberculosis, confirmed bacteriologically and histologically
This is usually, but not always, in a child, and is due to infection within the preceding 24 months with *Mycobacterium tuberculosis* complex. It includes pulmonary (lung parenchyma) tuberculosis, as well as tuberculosis of the intrathoracic lymph nodes, larynx, trachea, bronchus, nasopharyngeal sinuses or pleura. If another site of tuberculosis disease such as CNS or disseminated/miliary disease is believed to have occurred as a consequence of recent infection (within the preceding 24 months), it ought to be referred to as CNS or miliary tuberculosis.

A15.8 Other respiratory tuberculosis, confirmed bacteriologically and histologically
Includes: Mediastinal tuberculosis
Nasopharyngeal tuberculosis
Tuberculosis of:
nose
sinus [any nasal]

A15.9 Respiratory tuberculosis, unspecified, confirmed bacteriologically and histologically

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A16 Respiratory tuberculosis, not confirmed bacteriologically or histologically

A16.0 Tuberculosis of lung, bacteriologically and histologically negative

Includes:

Tuberculous:
- bronchiectasis
- fibrosis of lung
- pneumonia
- pneumothorax

A16.1 Tuberculosis of lung, bacteriological and histological examination not done

Includes: Conditions listed in A16.0, bacteriological and histological examination not done

A16.2 Tuberculosis of lung, without mention of bacteriological or histological confirmation

Tuberculosis of lung

Tuberculous:
- bronchiectasis
- fibrosis of lung
- pneumonia
- pneumothorax

} NOS (without mention of bacteriological or histological confirmation)

A16.3 Tuberculosis of intrathoracic lymph nodes, without mention of bacteriological or histological confirmation

Includes:

Tuberculosis of lymph nodes:
- hilar
- intrathoracic
- mediastinal
- tracheobronchial

} NOS (without mention of bacteriological or histological confirmation)

Excludes: when specified as primary (A16.7)

A16.4 Tuberculosis of larynx, trachea and bronchus, without mention of bacteriological or histological confirmation

Includes:

Tuberculosis of:
- bronchus
- glottis
- larynx
- trachea

} NOS (without mention of bacteriological or histological confirmation)

A16.5 Tuberculous pleurisy, (pleura, empyema) without mention of bacteriological or histological confirmation. Excludes: primary respiratory tuberculosis (A16.7)

A16.7 Primary respiratory tuberculosis without mention of bacteriological or histological confirmation

This is usually, but not always, in a child, and is due to infection within the preceding 24 months with *Mycobacterium tuberculosis* complex. It includes pulmonary (lung parenchyma) tuberculosis, as well as tuberculosis of the intrathoracic lymph nodes, larynx, trachea, bronchus, nasopharyngeal sinuses or pleura. If another site of tuberculosis disease such as CNS or disseminated/miliary disease is believed to have occurred as a consequence of recent infection (within the preceding 24 months), it ought to be referred to as primary CNS or miliary TB.

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A16.8 Other respiratory tuberculosis, without mention of bacteriological or histological confirmation

Mediastinal tuberculosis
Nasopharyngeal tuberculosis
Tuberculosis of:
nose
sinus [any part]

} NOS (without mention of bacteriological or histological confirmation)

A16.9 Respiratory tuberculosis unspecified, without mention of bacteriological or histological confirmation
Includes: Respiratory tuberculosis NOS
Tuberculosis NOS

A17 Tuberculosis of nervous system

A17.0 Tuberculous meningitis (G01*)
Includes: Tuberculosis of meninges (cerebral) (spinal)
Tuberculous leptomeningitis

A17.1 Meningeal tuberculoma (G07*)
Includes: Tuberculoma of meninges

A17.8 Other tuberculosis of nervous system
Includes:
Tuberculoma of:
brain (G07*)
spinal cord (G07*)
Tuberculosis of:
brain (G07*)
spinal cord (G07*)
Tuberculous:
abscess of brain (G07*)
meningoencephalitis (G05.0*)
myelitis (G05.0*)
polyneuropathy (G63.0*)

A17.9 Tuberculosis of nervous system, unspecified (G99.8*)

A18 Tuberculosis of other organs

A18.0 Tuberculosis of bones and joints
Includes:
Tuberculosis of:
hip (M01.1*)
knee (M01.1*)
vertebral column (M49.0*)
Tuberculous:
arthritis (M01.1*)
mastoiditis (H75.0*)
necrosis of bone (M90.0*)
osteitis (M90.0*)
osteomyelitis (M90.0*)
synovitis (M68.0*)
tenosynovitis (M68.0*)

A18.1 Tuberculosis of genitourinary system
Includes:
Tuberculosis of:
bladder† (N33.0*)
cervix† (N74.0*)
kidney† (N29.1*)
male genital organs† (N51.-*)
ureter† (N29.1*)
Tuberculous female pelvic inflammatory disease (N74.1*)

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A18.2 Tuberculous peripheral lymphadenopathy
Includes: Tuberculous adenitis
Excludes:
Tuberculosis of lymph nodes:
intrathoracic (A15.4, A16.3)
mesenteric and retroperitoneal (A18.3)
Tuberculous tracheobronchial adenopathy (A15.4, A16.3)

A18.3 Tuberculosis of intestines, peritoneum and mesenteric lymph nodes
Includes:
Tuberculosis (of):
anus and rectum† (K93.0*)
intestine (large) (small)† (K93.0*)
retroperitoneal (lymph nodes)
Tuberculous:
ascites
enteritis† (K93.0*)
peritonitis† (K67.3*)

A18.4 Tuberculosis of skin and subcutaneous tissue
Includes: Erythema induratum, tuberculous
Lupus:
exedens
vulgaris:
NOS
of eyelid† (H03.1*)
Scrofuloderma
Excludes: lupus erythematosus (L93.-)
systemic (M32.-)

A18.5 Tuberculosis of eye
Includes:
Tuberculous:
chorioretinitis† (H32.0*)
episcleritis† (H19.0*)
interstitial keratitis† (H19.2)
iridocyclitis† (H22.0*)
keratoconjunctivitis (interstitial) (phlyctenular)† (H19.2*)
Excludes: lupus vulgaris of eyelid (A18.4)

A18.6 Tuberculosis of ear
Includes: Tuberculosis otitis media† (H67.0*)
Excludes: Tuberculous mastoiditis (A18.0†)

A18.7† Tuberculosis of adrenal glands (E35.1*)
Includes: Addison's disease, tuberculous

A18.8 Tuberculosis of other specified organs
Includes:
Tuberculosis of:
endocardium† (I39.8*)
myocardium† (I41.0*)
oesophagus† (K23.0*)
pericardium† (I32.0*)
thyroid gland† (E35.0*)
Tuberculous cerebral arteritis† (I68.1*)

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A19 Miliary Tuberculosis

Includes:

Tuberculosis:
disseminated
generalized
Tuberculous polyserositits

A19.0 Acute miliary tuberculosis of a single specified site

A19.1 Acute miliary tuberculosis of multiple sites

A19.2 Acute miliary tuberculosis, unspecified

A19.8 Other miliary tuberculosis

A19.9 Miliary Tuberculosis, unspecified

Canadian Tuberculosis Reporting System

APPENDIX C

High Incidence TB Countries

Afghanistan	Dominican Republic	Maldives	Saudi Arabia
Algeria	DPR Korea	Mali	Senegal
Angola	DR Congo	Marshall Islands	Serbia
Argentina	Ecuador	Mauritania	Seychelles
Armenia	El Salvador	Mauritius	Sierra Leone
Azerbaijan	Equatorial Guinea	Micronesia	Singapore
Bahamas	Eritrea	Mongolia	Solomon Islands
Bahrain	Estonia	Montenegro	Somalia
Bangladesh	Ethiopia	Morocco	South Africa
Belarus	Gabon	Mozambique	Sri Lanka
Belize	Gambia	Myanmar	Sudan
Benin	Georgia	Namibia	Suriname
Bhutan	Ghana	Nauru	Swaziland
Bolivia	Guam	Nepal	Syrian Arab Republic
Bosnia & Herzegovina	Guatemala	New Caledonia	Tajikistan
Botswana	Guinea	Nicaragua	Thailand
Brazil	Guinea-Bissau	Niger	Timor-Leste
Brunei Darussalam	Guyana	Nigeria	Togo
Bulgaria	Haiti	Niue	Tokelau
Burkina Faso	Honduras	Northern Mariana Is	Turkmenistan
Burundi	India	Pakistan	Tuvalu
Cambodia	Indonesia	Palau	Uganda
Cameroon	Iraq	Panama	Ukraine
Cape Verde	Kazakhstan	Papua New Guinea	UR Tanzania
Central African Republic	Kenya	Paraguay	Uzbekistan
Chad	Kiribati	Peru	Vanuatu
China	Kyrgyzstan	Philippines	Venezuela
China, Hong Kong SAR	Lao PDR	Portugal	Viet Nam
China, Macao SAR	Latvia	Qatar	Wallis & Futuna Is
Colombia	Lesotho	Rep. Korea	Yemen
Comoros	Liberia	Republic of Moldova	Zambia
Congo	Lithuania	Romania	Zimbabwe
Côte d'Ivoire	Madagascar	Russian Federation	
Croatia	Malawi	Rwanda	
Djibouti	Malaysia	Sao Tome & Principe	

NOTE: These countries have a WHO estimated sputum smear positive TB rate of ≥ 15 per 100,000 (3 year average.) This list will change on an annual basis.

SOURCE: World Health Organization, *Global Tuberculosis Control: Surveillance, Planning, Financing. Who Reports 2005, 2006 and 2007.* Geneva, Switzerland